

FEE TRANSMITTAL for FY 2007

Complete if Known

Application Number	10/785,207
Filing Date	02/24/2004
First Named Inventor	Modak
Examiner Name	Ali Soroush
Art Unit	1616
Attorney Docket No.	070050 2534

☐ Applicant claims small entity status. See 37 CFR 1.27

TOTAL AMOUNT OF PAYMENT (\$) 990

METHOD OF PAYMENT *(check all that apply)*

☐ Check ☐ Credit card ☐ Money Order ☐ Other ☐ None

☒ Deposit Account:

Deposit Account Number 02-4377

Deposit Account Name Baker Botts L.L.P.

The Director is authorized to: *(check all that apply)*

☒ Charge fee(s) indicated below ☒ Credit any overpayments

☒ Charge any additional fee(s) or any underpayment of fee(s)

☐ Charge fee(s) indicated below, **except for the filing fee** to the above-identified deposit account.

FEE CALCULATION

Extra Claim Fees

	Extra Claims	x	Fee	=	Fee Paid
Total Claims	52		52		\$0
Independent Claims	220		220		\$0
Multiple Dependent					\$0

SUBTOTAL \$0

Fee Description	Large Entity	Small Entity
Claims in excess of 20	52	26
Independent claims in excess of 3	220	110
Multiple dependent claim, if not paid	390	195

FEE CALCULATION *(continued)*

ADDITIONAL FEES

<input type="checkbox"/> Surcharge - late oath or filing fee	
<input type="checkbox"/> Non-English Specification	
<input type="checkbox"/> Extension for reply within first month	
<input type="checkbox"/> Extension for reply within second month	
<input type="checkbox"/> Extension for reply within third month	
<input type="checkbox"/> Extension for reply within fourth month	
<input type="checkbox"/> Extension for reply within fifth month	
<input type="checkbox"/> Notice of Appeal	
<input type="checkbox"/> Filing a brief in support of an appeal	
<input type="checkbox"/> Petition to revive - unavoidable	
<input type="checkbox"/> Petition to revive - unintentional	
<input type="checkbox"/> Utility Issue Fee	
<input type="checkbox"/> Design Issue Fee	
<input type="checkbox"/> Publication Fee	
<input type="checkbox"/> Petitions to the Commissioner	
<input checked="" type="checkbox"/> Request for Continued Examination (RCE)	\$810
<input checked="" type="checkbox"/> Information Disclosure Statement (IDS)	\$180
Other fee -	

SUBTOTAL (\$) 990

SUBMITTED BY

Name (Print/Type) Sandra S. Lee	Registration No. (Attorney/Agent) 51,932	Telephone 212-408-2500
Signature <i>Sandra Lee</i>		Date 08/06/2010

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